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PATENT
Attorney Docket No. AXO-003C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Muir CONFIRMATION NO. 4996
SERIAL NO.: 10/812,776 GROUP NO.: 1651
FILING DATE: March 29, 2004 EXAMINER: Afremova, Vera
TITLE: Materials and Methods for Nerve Grafting, Selection of Nerve Grafts,
and *In Vitro* Nerve Tissue Culture

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 21st day of November, 2005.

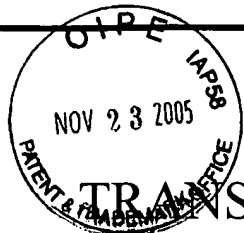

Carrah Malone

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Check in the amount of \$100.00;
4. Amendment and Response to Restriction Requirement (14 pages); and
5. Return Receipt Postcard.



TRANSMITTAL FORM

Application Serial Number	10/812,776
Filing Date	March 29, 2004
First Named Inventor	Muir
Group Art Unit	1651
Examiner Name	Afremova, Vera
Attorney Docket No.	AXO-003C1
Patent No.	Not applicable
Issue Date	Not applicable

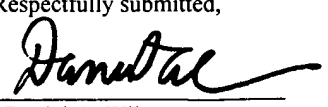
ENCLOSURES (check all that apply)

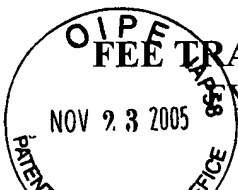
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Second Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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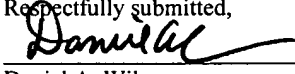
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Respectfully submitted,

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	Complete if Known	
	Application Serial Number	10/812,776
	Filing Date	March 29, 2004
	First Named Inventor	Muir
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input checked="" type="checkbox"/> Applicant claims small entity status.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>120</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>450</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1020</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1590</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2160</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>500</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>500</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1000</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>400</td><td>400</td><td>Petitions to the Commissioner (Gp. I)</td><td></td></tr> <tr><td>200</td><td>200</td><td>Petitions to the Commissioner (Gp. II)</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner (Gp. III)</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>130</td><td>65</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify) _____</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify) _____</td><td></td><td></td></tr> </tbody> </table>	Large Entity	Small Entity	Fee Description	Fee Paid	Fee (\$)	Fee (\$)			130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		120	60	Extension for reply within first month		450	225	Extension for reply within second month		1020	510	Extension for reply within third month		1590	795	Extension for reply within fourth month		2160	1080	Extension for reply within fifth month		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1000	500	Request for oral hearing		400	400	Petitions to the Commissioner (Gp. I)		200	200	Petitions to the Commissioner (Gp. II)		130	130	Petitions to the Commissioner (Gp. III)		180	180	Submission of Information Disclosure Statement		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer		Other fee (Specify) _____				Other fee (Specify) _____																					
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CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414	Respectfully submitted,  Date: November 21, 2005 Reg. No.: 45,508 Tel. No.: (617) 570-1809 Fax No.: (617) 523-1231 Daniel A. Wilson Attorney for the Applicant Goodwin Procter LLP Exchange Place Boston, MA 02109